Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				R THAN ENTITY
TOTAL CLAIMS			37				ŀ [ī	RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		* 12			×\$ 9=	108	OR	X\$18=	
INDEPENDENT CLAIMS			5 m	inus 3 =	* 3			X43=		1	X86=	
MULTIPLE DEPENDENT CLAIM PR			RESENT	<u>-</u> .					184	OR	7,00=	-
* If	the difference	e in column 1 is	ess than zero, enter "0"			column 2	<u> </u>	145=	ļ <u> </u>	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column CLAIMS AS AMENDED - PART II						Joidinii 2	Т	OTAL		OR	TOTAL	
		(Column 1)	(Column 2) (Column 3)				S	MALL	ENTITY	OR	OTHER SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**	- OH	=	×	\$ 9=	FEE	OR	X\$18=-	<u> </u>
AME	Independent	*	Minus	***		=	×	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	. 200	
1-7-12-27-28								145= TOTAL		OR	+290= TOTAL	
(Oalvers 4)								IT. FEE		OR ,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)		•		_		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$∙9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	×	43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45=	-	l t	+290=	
								TOTAL		OR	TOTAL	
			T. FEE L		OR A	DDIT. FEE						
	`	(Column 1) CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Columi		(Column 3)						
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	R/		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$	9=	·	OR	X\$18=	
A ME	Ind pendent		Minus	***		=	X4	3=			X86=	<u>-</u>
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 30, onter "00."								OTAL FEE		OR A	TOTAL DDIT. FEE	
17 T	tile inignest Num	nber Previously Paid ber Previously Paid	a For" IN THIS For" (Total or I	SPACE is I	ess than t) is the l	3, enter "3." highest number			opriate box			